

Form of Nomination for Death Insurance for CTC Employees

I Tilawat Khan s/d/w/o Marta Khan bearing  
CNIC # 21203 82 79 591-5 working as AS hereby  
nominate the person/ persons mentioned below who is/ are member(s) of my family as  
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.

(First choice)

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Shah Awaro</u>	<u>Wife</u>	<u>For Insurance</u>	<u>0332 5826674</u>
<u>Kiramat Khan</u>	<u>Cousin</u>	<u>"</u>	<u>0336 R8R2773</u>

(In case of death of first choice) - 2nd Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Shah Awaro</u>	<u>Wife</u>	<u>for Insurance</u>	<u>0332 5826674</u>

I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon  
me.

The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect

DATED:

18-9-24

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

[Signature]